

Kauai Police Department

Explorer Post

3990 Kaana Street Suite 200
Lihue, HI 96766

Application for Membership

NAME: _____ Phone: _____
(LAST) (FIRST) (MIDDLE)

HOME ADDRESS: _____ CITY: _____
(STREET ADDRESS)

MAILING ADDRESS: _____ CITY: _____

EMAIL: _____

SOCIAL SECURITY #: _____ - _____ - _____ GENDER: _____

SCHOOL: _____ GRADE: _____ GPA: _____

EMPLOYMENT: _____ PART / FULL TIME: _____

POSITION / DUTIES: _____ WORK HOURS: _____

HEALTH INSURANCE: _____

.....

EMERGENCY CONTACT INFORMATION

PARENT / GUARDIAN: _____ HOME PHONE: _____

ADDRESS: _____ CITY: _____

PLACE OF EMPLOYMENT: _____ WORK PHONE: _____

PARENT / GUARDIAN: _____ HOME PHONE: _____

ADDRESS: _____ CITY: _____

PLACE OF EMPLOYMENT: _____ WORK PHONE: _____

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PERSONAL REFERENCES

YOU MUST LIST THREE REFERENCES NOT RELATED TO YOU:

1. NAME: _____

ADDRESS: _____

PLACE OF EMPLOYMENT: _____

PHONE: _____ EMAIL: _____

2. NAME: _____

ADDRESS: _____

PLACE OF EMPLOYMENT: _____

PHONE: _____ EMAIL: _____

3. NAME: _____

ADDRESS: _____

PLACE OF EMPLOYMENT: _____

PHONE: _____ EMAIL: _____

I understand that the Kauai Police Department will be contacting the above references and completing a background check on me to verify my suitability into the Police Explorers Program.

SIGNED: _____ DATE: _____

3990 Kaana Street Suite 200
Lihue, HI 96766

NAME: _____

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SIGNATURE: _____ DATE: _____